PTO/SB/19 (03-01)40 Approved for use through 10/31/2002. OMB 0651-0032

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PLANT PATENT APPLICATION TRANSMITTAL

Attorney Docket No. POULac010 First Named Inventor L. Pernille Olesen COMPACT FLORIBUNDA ROSE PLANT NAMED 'POULac010

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231											
APPLICAT		LEMENTS			ACCOMP	ANYING AP	PLICATION PARTS				
1.				1.27. 32] 2] 63(d)) ed) 3 cation,	7. Assig 8. 37 CF (when 9. English 10. Inform State 11. Prelin 12. Return (Show) 13. (if form 14. Nonp (b)(2) PTO/. 15. Other Note: Please denomination	8. 37 CFR 3.73(b) Statement Power of Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6. Application Data Sheet. See 37 CFR 1.76. of the specification. 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.											
Customer Number or Bar Code label (Insert Customer No. or Attach bar code label here) or Correspondence address below											
Name	Poulsen Roser Pacific, Inc.										
Address	620 South Front Street										
City	Central Point			State	OR	Zip Code	97502				
COUNTRY	JNTRY USA			Telephone	(541)245-8050	Fax	(541) 665-2252				
Name (Print/Type) Mogens N. O Signature		lesen /		Registration No	o. (Attorney/Ag	176,0	d				

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for FY 2003 Effective 01/01/2003. Patent fees are subject to annual revision.				Filing Date							
				First Named Inventor L		or L. Perni	ille Olesen				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name							
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**or number previously paid, if greater; For Ressues, see above				ced by	Basic F	iling Fee	Paid S	UBTOTAL	(3) (\$) 40.00		
SUBMITTED BY		7 7						(Complete (i	f applicable)		
Name (Print/Type) Ken Rynearsop				Registra					541 245-8050		
(Attorney/Agent)				29 March 200	4						

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